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ABSTRACT

This guide aims to help rehabilitation facilities develop effective self-evaluation systems to improve quality assurance for supported employment. The guide proposes that quality be measured by emphasizing direct outcomes that meet consumers' specified needs and concerns in terms of decision making, determination of quality, and access to choice. A section on approaches to quality assurance discusses levels of quality assurance, national regulations, national standards, and quality through the promotion of exemplary practices. A rationale is offered for voluntary monitoring of quality assurance. Evaluation criteria of model monitoring systems are specified, and steps involved are outlined. A modified system is then proposed by the National Association of Rehabilitation Facilities (NARF). The system is based on management practices that promote quality, management components of exemplary supported employment programs, and categories for evaluating quality of exemplary programs. The NARF system includes two basic components: (1) the NARF Quality Indicators Profile which functions as a self-checklist; and (2) the Six Guiding Principles of outcomes, vision, consumer satisfaction, collaboration, organizational development/staff development, and self-evaluation. (42 references) (JDD)

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The Role of Voluntary Self-Assessment in Quality Assurance

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National Association of Rehabilitation Facilities
Washington, D.C.

The Role of Voluntary Self-Assessment in Quality Assurance

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Foreword

This monograph, *The Role of Voluntary Self-Assessment in Quality Assurance*, is one of three management monographs which NARF has developed to meet the needs of executive directors and program level managers who are developing and expanding their supported employment services. The other two management monographs are: *Effective Management of Supported Employment* and *Consumer Choice and Satisfaction*. All three publications combine information on the latest trends with concrete suggestions for action.

NARF wishes to thank the many people who assisted with reviewing and revising these monographs, including NARF's National Scope Supported Employment Advisory Council, NARF's Supported Employment Task Force, and NARF headquarters staff. Special thanks to Dianne Greyerbiehl, Chip Beziat, Fred Menz, Richard Culp-Robinson, Peggy Todd, Alan Goldstein, David Price, Janet Samuelson, and Terry Edelstein for their feedback and assistance in developing this final version. And finally, thanks to the many rehabilitation providers who have made tremendous strides with supported employment. Your success not only provided a foundation for our national efforts to disseminate best practices information, but more importantly, your success has enriched the lives of many consumers.

A Climate of Change

Today, the use of supported employment is continuing to expand and rehabilitation providers are implementing a variety of procedures to assure its endurance as a rehabilitation option. Supported employment today, however, is being shaped and molded by several major concerns and activities. These include: an emphasis on serving the most severely handicapped (Wehman, Kregel, & Shafer; 1989); multiple concerns regarding access to and assurance of long-term funding; the delivery of support services by a variety of providers, including state MR/DD agencies; the expansion of employer-sponsored supports; and the revision of supported employment regulations (Federal Register, 34 CFR 363, February 13, 1990). Additionally, the Americans with Disabilities Act--the civil rights bill for people with disabilities--is close to passage, and preparations are being made for the reauthorization of the Rehabilitation Act which is scheduled for 1991.

Accompanying the Americans with Disabilities Act are many activities by consumers that have already impacted the way the rehabilitation field conducts its business. For example, in January, 1989, consumers participated in a conference on self-determination sponsored by the Office of Special Education and Rehabilitative Services. One outcome of the conference was a monograph with 29+ recommendations (Perske, 1989) for greater consumer input and involvement in the rehabilitation field. Recommendations from that conference included: consumer involvement on grant peer review panels, consumer involvement in government policy-making, and the development of model programs exemplifying self-determination attitudes and practices. These are already being implemented.

The National Association of Developmental Disabilities Councils also has completed a review of 13,000 interviews with consumers--the largest survey of this group to date (Jaskulski, Metzler, & Zierman, 1990). That report found that supports are needed to overcome barriers to independence, productivity and integration and that funding mechanisms are needed to support individual choice and control, including funding individuals rather than facilities. The essence of the report is that people with "developmental disabilities can live in the community; many need supports to assist them . . . Supports to individuals will enable choice and selection, help people to stay in their homes and communities, and empower people

to obtain what they need to achieve the goals of independence, productivity and integration." (National Association of Developmental Disabilities Councils, 1990, p.4).

The Systematic Phase

In the United States, supported employment for the most part currently is in the phase of implementation which Schalock (1988) refers to as the second stage, the "systematic phase" which focuses on systems of service delivery, measurability, and reportability. The systematic phase is one of monitoring and compliance review. Implementers and policy makers are interested in consistency and quality, and are particularly interested in how to assure that certain standards are maintained, with outcomes achieved and costs contained. At the same time, implementers are concerned about the modification or elimination of rules and guidelines which provided some protections, even as they may have hindered implementation (Federal Register, 34 CFR 363, August 14, 1987). *So we are entering an age of demands for flexibility and at the same time, an era of quality expectations.*

Lessons from PL 94-142

Implementers and policy makers have had the luxury of watching the implementation of PL 94-142, the Education for All Handicapped Children Act of 1975, and of observing and participating in decisions regarding the reauthorization of that legislation. That background has provided an impetus to avoid some of the pitfalls such as early adoption of specific strategies--such as the resource room--with later needs to reevaluate strategies and redesign approaches (in the case of the resource room--to achieve integration). The rehabilitation field also has had access to the data on PL 94-142 which indicate that physical integratior alone is not effective. Thus, researchers (Calkins & Walker, 1990; Chadsey-Rusch, Gonzales, Tines, & Johnson, 1989; Rusch, Johnson, & Hughes, 1990; Storey & Knutson, 1989) have become involved in designing systems and approaches to measure and promote social integration with the desired interaction with coworkers and supervisors.

PL 94-142 has provided an opportunity to observe the effectiveness of legislation that has provisions for monitoring adherence through "individualized educational plans," with due process provisions for recourse if individuals are denied an appropriate education. While teachers, the implementers of the policy, have expressed concern over the paperwork involved, many parents and children have been afforded due process and access to appropriate public education through this entitlement legislation.

While the adult services rehabilitation legislation is not generally viewed as entitlement legislation, many of the dilemmas faced by education also have been concerns of the adult rehabilitation community. These include: access to services and procedures for eliminating waiting lists, provisions for assurance of the most appropriate training, and the desire for integration. Additionally, the supported employment program in particular has emphasized outcomes in terms of wages, hours worked, integration, benefits, and level of disability served, with a priority emphasis on those persons with severe disabilities and chronic unemployment.

Promoting Quality

National discussions of quality assurance (Isbister, 1989) have led to agreement to promote quality through the identification and subsequent dissemination of exemplary practices (National Association of Rehabilitation Facilities (NARF), 1989b). Several task forces working with the National Supported Employment Panel of Experts have been created to focus on the exemplary practices in the following areas: family involvement, consumer involvement, management competence, and specific component practices such as the creation of career ladders, social integration, and designs across disabilities.

Programs are being developed to assure quality through the implementation of program standards and certification programs. The Commission on the Accreditation of Rehabilitation Facilities (CARF), for example, last year developed a new section of standards specifically on supported employment (CARF, 1990) and various universities are designing two-year, four-year, and master's degree certification programs.

Quality assurance in supported employment is being discussed. Publications are being disseminated which urge, promote, and demand the involvement of people with disabilities in the empowered arena of decision making (Perske, 1989). Recent presentations to rehabilitation providers and policy makers have brought to the forefront the results of over 13,000 interviews of individuals with disabilities conducted by state developmental disabilities councils (McFadden, 1990). These interviews describe people with disabilities as being unemployed and underemployed, lonely, and dissatisfied with the overly protected and restricted lives they have lived under the programs that have been implemented over the past twenty years. *These reports have resulted in over 3,000 recommendations for improved services.* Testimony by people with disabilities, such as Mary Jane Owen with Disability Focus Incorporated (Owen, 1990), includes the demand to "suffer the consequences of reckless behavior and move away from the protection from the harsh realities of life that everyone else lives."

Dufresne (1990) reports that many people with disabilities:

- o live with people they did not choose to live with, all of whom have disabilities.
- o work at places they did not choose to work with co-workers with disabilities.
- o participate in the community through segregated recreational activities which are not of their own choosing.

Dufresne (1990) is concerned about the way the word "choice" has been used when describing the choices of people with disabilities and has provided an extended explanation of choice which includes: "option[s] (implying a power to choose that is specifically granted or guaranteed); alternative[s] (implying a necessity to choose one and reject another of possibilities); selection (implying a wide range of choice); and election (implying an end or purpose which requires exercise of judgment)." (p.17).

Similarly, CARF (1990) has defined informed choice as: "decisions made by a person served which are based on sufficient experience and knowledge, including exposure, awareness, interactions, or instructional opportunities, so that the choice is made with adequate awareness of the alternatives and the sequences of the options available."

While the rehabilitation field is beginning to define more adequately the concepts of choice and quality, a clear message from recent discussions with consumers is that standards that have been used to date are woefully inadequate (Roberts, 1989; Mitchell, 1988; Schwier, 1990). The question faced by policy makers is "what standards should be developed and implemented?" or "what is needed to actually assure quality?"

What "Quality" Should be Assured?

Information from consumers suggests that quality should be measured first of all by an emphasis on direct outcomes: outcomes that meet consumer's specified needs and concerns. The needs and concerns which recently have been voiced include the need for:

1. Consumer input into decision making.
2. Consumer determination of quality (Goode, 1990).
3. Outcomes which give consumers access to choice in terms of:
   where they work and the work they do
   where they live

with whom they work
with whom they live
who assists with their daily personal care needs
what they do in the community
how they spend their time
risks they decide to take
support services used
the income and accompanying work conditions they choose to pursue, and
how they spend their money.

Others also have addressed outcome measures (Schalock, 1988; Bellamy, Rhodes, Mank, & Albin, 1988; Sandow, Rhodes, Mank, Ramsing, & Lynch; 1990). Programs desiring more information should have little difficulty accessing opinion on outcome criteria.

Approaches to Quality Assurance

Levels of Quality Assurance

Quality assurance can be attempted through formal activities at various levels within the service delivery system, including measuring the impact on the individual, the implementation by the local provider and community, the provisions established at the state level, and regulations and standards that are national in scope. Informal activities at each of these levels can also facilitate assurance of quality.

National Regulations

The supported employment regulations implemented in August, 1987 recently were opened for review (Federal Register, 34 CFR 363, February 13, 1990). The federal government has expressed a need to examine specifically the value of: (1) the twenty hours per week work requirement; (2) availability of post-transition or post-closure services from the VR state agency; (3) definitions of "ongoing support services" and "extended services;" (4) clarification of the exemption of the chronically mentally ill from the job skill training services requirement; and (5) clarification of job skill training.

The Consortium for Citizens with Disabilities Employment Task Force, a Washington, D.C.-based consortium of representatives from national professional and advocacy organizations and disability groups, recently held a series of meetings, reached consensus, and forwarded comments to the Rehabilitation Services Administration

regarding supported employment regulations. Among their recommendations were several *strengthening the use of the IWRP as a criterion for determining the most appropriate services.* For example, in regard to the "twenty hour" requirement the group recommended replacing the requirement with the phrase: "as defined in the IWRP." The group also recommended replacing the existing language exempting persons with mental illness from the job skill training requirement with: "Support services, or assessment must occur with client contact at least twice monthly, on or off the job site. The nature and frequency of the onsite assessments and the job skills training is determined by the IWRP. Transitional employment may be considered an acceptable outcome for employability."

The IWRP recommendations represent examples of national regulations which could strengthen the role of "individualizing" approaches to supported employment and hence, could effectively implement quality through changes at the national, state, and local systems levels. At the same time, enforcement of proposed regulations could require additional resources. The current regulation of "twenty hours" of employment from the first day of supported employment does not permit its use with many individuals for whom supported employment was originally developed--persons with the most severe disabilities. However, the proposed reference to the IWRP implies that a system will be established to monitor the appropriateness and effectiveness of implementation. Such a system could require additional paper compliance. Since the IWRP is already a requirement, some would argue that the burden would not be the addition of new monitoring procedures, but rather one of more effective monitoring within the framework of existing requirements.

National Standards

The Commission on Accreditation of Rehabilitation Facilities (CARF), an organization that uses rehabilitation providers to survey and access adherence to organizational standards, represents one level of self-monitoring. CARF is moving in the direction of quality assurance through a focus on outcomes rather than process. The new Supported Employment Standards, for example, attest to the focus on outcomes. This is evident through the inclusion of such items as those listed in Table 1.

TABLE 1

Examples of CARF Outcome-Referenced Statements

The program evaluation system in a supported employment program should address a variety of measures, some of which should be average number of weeks worked, average number of hours worked per week, earnings and benefits, job retention, job advancement, and job changes.

Each person should have an individual written plan that, at a minimum, includes wage range for the job, best job match, optimum integration and independence, career options, length of time from referral to placement, integration, number of successful placements classified by severity of disability.

The Accreditation Council on Services for People with Developmental Disabilities (ACDD) also has established standards for implementation of supported employment, several of which address integration (ACDD, 1987, p.15). Gardner and Parsons (1990) describe the ACDD accreditation process as one which represents a "synthesis of emerging values and technologies with traditional norms and practices. The dynamic integration provides an evolving consensus model of quality." (p. 207). The 1987 standards include 47 standards regrading protection of rights of individuals and 23 standards covering normalization, age-appropriateness and least restriction. The 1990 standards contain five standards on consumer empowerment, 28 standards on community integration and socialization, 51 standards on protection of individual rights, and 24 standards on normalization, age-appropriateness and least restriction. While the emphasis appears to be in the right place, the sheer number of standards may hinder effective implementation as agencies attend to details rather than the overall life of the individual. Although specific protections against abuse are needed, a holistic individual perspective also is a prerequisite to quality.

Quality through the Promotion of Exemplary Practices

Rather than use standards or evaluation systems as the primary guise for expansion of quality practices and determent of ineffective ones, some arguments prevail for the primary emphasis on voluntary implementation of quality through the dissemination of information regarding quality practices (NARF, 1989). In the business world, such an approach is the everyday reality of the marketplace where supply and demand are the factors that influence not only costs and prices, but also quality. Tom Peters, author of **Thriving on Chaos** (1988) has stated:

> Truly decentralized, externally (customer-) obsessed units, with a clear vision and high involvement, are more under control in today's volatile environment than traditional, centrally controlled units--which are inflexible and more out of touch by definition . . . the former emphasize market-driven decision-making and fast adaptation. (p. 476).

Attendance at seminars stressing quality and demand for publications addressing quality practices in supported employment is currently high and predicted to remain so for the next few years (NARF, 1989b). NARF's experience is that *rehabilitation providers are interested in how to be cost effective, how to deliver quality services, and how to obtain quality results for consumers*. The question NARF continues to ask is, "how does dissemination of information on quality impact programs achieving poor results?" While NARF has not identified a set of providers achieving poor results with supported employment, NARF does have information on the larger group of providers in general.

Evaluation reviews from seminars and products on exemplary practices indicate that programs are differentially impacted by information on quality services, with significant changes sometimes occurring. For example, after participation in a NARF retreat on the future of supported employment, several executive directors reported an acceleration in the rate of supported employment placements.

As with other systems change efforts (Hall & Loucks, 1977), implementation will occur in various stages, with early adopters, the later mass of adopters who become involved, and finally, the late adopters. Several research studies have verified the effectiveness of concentrating systems change efforts primarily on the early and middle adopters. With this approach many of the late adopters are impacted by the influence of others and the final necessity to change. As with the late adopters, ineffective programs achieving poor results are likely to be impacted by changes occurring around them. Thus, raising the overall quality level through a focus on excellence and dissemination of information on excellence should be an effective strategy for increasing competence for programs achieving less than satisfactory results. Of course, the field also may benefit from other efforts targeted to this latter group.

Voluntary Monitoring

Wieck (1990) and Sandow et al. (1990) have presented some convincing arguments for the use of voluntary measures in assuring the quality of supported employment. A

major component of Wieck's argument is that alternative approaches (accreditation standards, regulations) are neither cost effective, efficient, or effective. Wieck suggests that often paper compliance occurs without the requisite increase in quality. Sandow et al. (1990) have presented a similar argument, including the problems perpetuated by focusing on "process" rather than "outcome" standards. Existing standards (ACDD, 1988; CARF, 1990) have detailed procedures that should be followed in order to achieve accreditation. However, the reports of the minimal outcomes achieved overall by persons with disabilities (McFadden, 1990) point to the discrepancies between adhering to process guidelines and actually placing a greater priority on outcomes such as wages, hours worked, integration, personal choice, and self-determination.

While Wieck (1990) and Sandow et al. (1990) have advocated for voluntary standards, they have chosen alternative avenues to further the quality of supported employment. Wieck (1990), as Executive Director of Minnesota's Governor's Planning Council and with a history of involvement in and advocacy for people with disabilities, has urged the use of monitoring by community volunteers who evaluate the "humaneness of the environment." Such a system has been used to evaluate residential programs and has resulted in the evolving use of practices that enhance the independence of people with disabilities.

Minnesota's voluntary monitoring system uses trained volunteers with an affiliation agreement with rehabilitation service providers. Volunteers receive at least eight hours of training and focus their reviews on quality services, normalization, quality of life, and abuse/neglect concerns. Volunteers are trained to examine quality of life in six areas: environment, rights, use of community resources, personal relationships, staff involvement, and commitment to personal growth. The Minnesota Governor's Planning Council on Developmental Disabilities (ARC-Minnesota, undated) suggests that the following guidelines be used: (See Figure 1).

Age-Appropriateness

* Activities/tasks would be appropriate for non-disabled peers.
* Staff model appropriate adult behaviors (address people as adults, use age appropriate reinforcers).
* Decorations and materials are appropriate for non-disabled peers.
* Schedule and routine are based on schedule of adults who are not disabled.

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Productivity

* Activities are meaningful and functional
* Number of hours worked by week/month/year
* Wages (hourly/piece rate)
* Changes in wages over time
* Length of time on job
* Income covers his/her living needs

Independence

* Services are as least intrusive as possible
* Reduction for need for services over time
* Reduction in cost of specialized support or training
* Activities lead to personal growth, development, and personal satisfaction
* A means of communication exists to allow daily interaction with primary people (speech, signing, adaptive devices)
* A means of mobility exists to move about home and community environments.

Functional Activities

* Tasks and activities are relevant to daily life and use real materials.
* People are taught how to spend their money, how to prepare food, clean house, shop and other skills to live on their own.

Integration

* Amount of time spent in integrated settings.
* Use of generic resources (transportation, parks, recreation, Adult Education, library)
* Number of interactions with non-handicapped peers -- there are opportunities to have interactions with non-handicapped peers.
* Number of people with disabilities is less than 3% of total people in a setting (such as a work force).
* Opportunities for friendships with non-paid, non-disabled peers.
* Support occurs in heterogenous groupings

Learning in Natural Environments

* Skills must be taught in a variety of environments because of limited ability to generalize from one environment to the next.
* Activities and training occur in natural environments (at a minimum in community living, supported employment, and recreation/leisure.)

Choice and Decision Making

* Participation in decisions about use of personal income
* Participation in decisions about home, choice of location, furnishings, and decor
* Lifestyle choices encourage wellness - nutrition, weight, smoking, stress relief, emotional support, and appearance.

Figure 1. Minnesota Governor's Planning Council on Developmental Disabilities' Guidelines for Evaluating Quality of Life

In contrast to the use of volunteers in Minnesota, the system proposed by Sandow et al. (1990) uses agency staff for self-monitoring. Like NARF, Sandow et al. have borrowed from quality assurance in the business field to develop a system for implementation. The system proposed by Sandow does not use a prescribed instrument for assessing quality, rather a process is advocated. The steps are presented in Figure 2.

1. Expand the involvement of the local community.
2. Establish a clear mission or purpose.
3. Identify and stratify the accomplishments of the mission.
4. Stratify accomplishments into key processes.
5. Define measures.
6. Create useful information.
7. Use the information to take action.

Figure 2. Steps proposed by Sandow et al. for Agency Self-Monitoring

The system proposed by Sandow et al. starts with community involvement and moves to redefinition of purpose and ongoing monitoring of the organization's accomplishment of that mission. A critical result of identifying and stratifying the accomplishments of the mission according to Sandow et al. is the development of a trouble-shooting tree, a tree which includes the essential requirements of supported employment (paid work in the community, etc). The tree provides a backdrop for agency problem identification and resolution.

The next step, Step 4, involves stratifying accomplishments into key processes. For supported employment this could include such activities as identifying prospective jobs and training workers to perform work--once again providing a basis for problem identification and resolution.

Step 5, defining measures, includes a task analysis of the steps needed to complete the tasks. For paid work to be available, for example, individual wages, number of hours of paid work and consumer match with job are needed. The final steps involve creating useful information--or translating the data into the information needed for decision making--and then using the data to take needed actions, comparing past and current performance.

The approach taken by Sandow et al., as explained in their article in the **Journal of Rehabilitation Administration**, involves translating a theoretical approach to problem solving steps for the identification of needed action. Discussions with staff at the University of Oregon indicate that participating in training seminars

on this process may facilitate understanding and adoption of their model for self-monitoring.

While the system developed by Sandow et al. should be of assistance to providers, NARF is concerned that some agencies may become bogged down by the process of translating component activities to unique situational circumstances. NARF therefore has developed an option that we believe is more straightforward and may contain fewer risks in terms of possible misinterpretation--a system which many providers should be able to implement after reading this monograph. If providers want additional information or training, they are encouraged to contact NARF for assistance in implementation.

An additional difference between the NARF and Sandow et al. approach is that the NARF model focuses on steps rehabilitation providers can achieve whether or not they initially choose to expand involvement in the local community. Certainly supported employment necessitates greater community involvement; however, agencies may wish to begin with an initial self-evaluation before making any changes, including increased community involvement.

NARF's Position

As the national trade association representing vocational and medical rehabilitation facilities, with over 750 members and 28 state chapters, NARF is most interested in promoting quality through "self-monitoring" and thus we are supportive of the concept articulated by Sandow et al. Quality should start not with external "policing" but rather by internal self-management and self-control.

To summarize NARF's perspective regarding the differential systems of quality assurance as implemented through dissemination of information on exemplary practices as well as the use of both voluntary and regulatory standards, NARF is supportive of concurrent developments across all areas. NARF, however, is concerned about the potential drain on resources through various demands on systems. The emphasis on quality through process standards in particular sometimes has led to standards which contradict individual needs (Quality Assurance, 1990; NARF, 1988). Particularly vivid examples include program standards that regulate time, meals, and privacy while ignoring individual wants, desires, or needs. NARF urges the careful evaluation of all such regulatory standards and the appropriate revisions according to a criteria respecting individual wants and desires, with the principles of self-determination and choice receiving priority status.

NARF is supportive of the concepts of voluntary monitoring as developed by Wieck, proposed by Sandow et al., and implemented by CARF. NARF supports all three approaches and believes each has validity, particularly when used in tandem. The complexity of both the CARF standards and the system recommended by Sandow et al. are, however, of particular concern to NARF.

NARF's Proposal: The Basis

Both the CARF system and the Sandow suggestions include critical elements that may hinder their direct and immediate usefulness in establishing a climate of quality; i.e., the complexity of the approach may interfere with the intent of the program. Hence, NARF is proposing another means for self-monitoring--a simple way of using self-assessment to enhance quality. NARF's proposal is based upon an analysis of routes to quality and on management theory, most specifically that of Tom Peters (1989) as elaborated in **Thriving on Chaos** and Goodrick (1985) as developed for state mental health systems. This theory says that quality should be promoted through attention to the following (See Table 2):

TABLE 2

Management Practices that promote Quality (from business management practices, Goodrick, 1985; Peters, 1989)

Vision of top management, clearly articulated
Intense, purposeful listening
Customer satisfaction
Constant self evaluation
Being a step ahead of competitors (rapid change)
Flexibility
Field testing (finding small errors quickly)
Fostering collaboration
Visible, decentralized management that sets an example
Functional working groups
Enhanced results and greater productivity.

NARF, as a part of its National Scope Supported Employment Demonstration Project, funded by the Office of Special Education and Rehabilitative Services, also has conducted a review of exemplary supported employment practices. That review began with 183 nominations, including multiple screenings, and resulted in the selection and on-site verification and review of eight programs with exemplary supported

employment practices. From that review of exemplary practices, NARF (1989b) identified management practices that the eight final sites held in common (Table 3).

TABLE 3

Common Management Components of Exemplary Sites (NARF, 1989b)

- Top down commitment to value (a vision followed by mission)
- Practices that mirror values
- Networking with others to gain improvement and solve problems
- An evolving focus on consumers (supported employees) including:
  careful monitoring of the effect of the job market
  consumer empowerment and consumer choice
  job satisfaction
  concern for broad quality of life issues
- Systematic agency self-evaluation of quality through management by objectives

Discussions with the administrators of the eight identified sites over the past years as well as discussions with other experts regarding supported employment management (Mason, 1990) has led NARF to include a sixth area with the above list, o strong organizational development/staff development practices.

As a part of its review of quality practices, NARF also designed the NARF **Quality Indicators Profile** (NARF, 1989a, Appendix A). That profile was developed to evaluate the quality of potential exemplary programs--programs identified first and foremost through an emphasis on the outcomes the program achieved for people with disabilities. The profile was developed by reviewing the job satisfaction of persons without disabilities and through examination of several instruments designed to evaluate the quality of supported employment programs (Allen, Biggs, Sanford, Scavarda, & Scott, 1987; Backer, 1986; Bellamy et al., 1988; CARF, 1990; Mank, 1988; Schalock, 1988). The instrument which was most influential in the design of NARF's **Quality Indicators Profile** was developed by Nisbet and Callahan (1989); although, for our review purposes we found the format, particular items, additions, and differences in orientation significant enough that we developed a separate profile. Through that process, the following major categories were identified (Table 4):

TABLE 4

Categories used to Evaluate Quality of Exemplary Programs

- Philosophy and Values
- Quality of Life
- Appropriateness of Supports
- Organizational Structure
- Safeguards

Within the category of Quality of Life (see Table 4) are items related to consumer choice, work satisfaction, and community empowerment. The Appropriateness of Supports contains items related to training services, assessment, and family involvement and support. The Organizational Structure section contains items concerning organizational stability, management practices, shifting resources, and fiscal responsibility. The Safeguards section includes items on preventative planning, back-ups for emergencies, and agency self-evaluation/self-monitoring.

In developing a proposed quality assurance system, NARF reviewed the three approaches presented in Tables 2-4: a business approach, categories to evaluate quality of exemplary programs, and common management components of exemplary sites. The three approaches are remarkably similar, as perhaps they should be since the theory upon which NARF built the **Quality Indicators Profile** came from 1) sound business practices and 2) an analysis of components central to quality of life and quality of work life for persons without disabilities.

Organizational Development

While slightly different terms are used to describe a variety of management and staff training functions with the three analyses of quality presented in Tables 2-4, the term "organizational development" incorporates most of the traits identified through our review. In regard to organizational development, Ivancevich, Szilagyi, and Wallace (1977) have proposed a model to assist organizations with rapid change. Often the goals of organizational development are improved performance, improved motivation, increased cooperation, clearer communications, minimization of conflict, and reduced costs. Typically, organizational change involves planned change efforts related to the organization's mission.

It is not our intent to thoroughly cover the field of organizational change, however, reference to a few of its tenets may assist individuals desiring to enhance the quality of services they provide. The study of organizational development has

identified different *management styles* which may help or hinder the change process. These styles are often referred to as: authoritarian, participative, and delegated. If administrators are having difficulty with staff retention (as many are) an examination of these principles, including a review of matching administrative and employee styles, may be useful.

Another basic concern of the organizational development field is the *tempo or pace* of change. This includes the speed and depth of the process. Organizational change theory also describes change as a process which includes the following stages: awareness, initial implementation, monitoring, refinement, stabilization, and continual monitoring/refinement.

The change process can be constrained by many variables, including: habits, time, money, attitudes, organizational structure or climate, the fear and uncertainty surrounding change, individual personality variables, and scarcity of resources or conflicting needs. Kurt Lewin's model (Lewin, 1947) to facilitate adjustment to change by identifying forces which will positively impact these restraints is a cornerstone to overcoming resistance. That model suggests that homeostasis or a state of equilibrium is the natural state and that changes in one direction will be counterbalanced by pulls from the other direction, often negating any impact. To overcome the resistance, Lewin recommends carefully targeting specific negative forces and designing strategies to shift the equilibrium.

Ivancevich et al. (1977) have identified eleven categories of interventions that may be useful to managers. The interventions are centered around activities to diagnose problems, enhance employee interactions and skills, develop management capabilities, facilitate problem solving and conflict resolution, and further goal-setting and planning. While all of the activities appear to have validity for supported employment, the greatest efficiency will be achieved through a careful analysis of the individual organization.

Management Needs to Adapt

A particular concern which many facility administrators face as they implement supported employment is related to their own individual lifespace and career development. Supported employment administration with an emphasis on decentralization of control and the employment of highly autonomous staff, varies significantly from the traditional rehabilitation model. Supported employment as a concept also varies significantly from the task of many community rehabilitation centers, centers which may be directly involved in manufacturing and production through a variety of contracts and subcontracts. For a high quality of supported employment to be achieved, management must adjust to the differences in organizational structure and style which will best facilitate supported employment

in comparison with sheltered activities. Our analysis of the different ways of implementing supported employment suggests that *there are a variety of paths administrators may take; some diagnosis of the best fit between administrative style and career path development may assist administrators* as they become more involved with supported and other integrated community based employment.

Quality Assurance

Swedish sociologist Marten Soder (1990) has developed some concepts which also should be considered before deciding which quality factors may lead to the best "self-assessment." Soder's theory considers the impact of the passage of time on the relevance of the standards being developed. For example, assume that NARF has developed quality supported employment standards and that these standards have been developed over the course of a year's discussion with experts and consultation with the field. Finally, NARF has arrived at the best possible standards and NARF now will attempt to disseminate information and assist the field in adoption and use of the standards. [Such a process was used in the development and use of the **Quality Indicator Profile** for supported employment (NARF, 1989a)].

Soder's theory is that *by the time the field is ready to use the standards, they are outdated.* With the quality indicator standards developed during 1988 and published in 1989, NARF has devoted some efforts in promoting their use, yet in 1990, the use is far from widespread. In the meantime, new considerations are evolving with more information being obtained concerning most variables, including staff training and retention, management competence, costing and funding, and consumer choice. While the standards aren't yet outdated, they may become outdated with major breakthroughs that can occur.

Soder's theory provided the needed motivation to develop an instrument which was not only brief, but one that is designed to "bend with the times" and thus be applicable as program standards and needs change.

NARF's Proposal

The NARF system includes two basic components:

1. **The NARF Quality Indicators Profile** (or related instruments) which can be used if you desire a detailed self-checklist that reflects today's values, issues and concerns. These may need to be modified as new information is acquired.

2. **The Six Guiding Principles** with an emphasis on "outcomes" first can be a tool to guide the organization through evaluation during times of change. The Six

Guiding Principles are presented in the framework NARF recommends for self evaluation in Table 5.

TABLE 5

Six Guiding Principles

Agency_____ Date_____

Evaluator_____

Directions: Rate your agency on a scale of your choosing (we suggest either a "high (+), medium (0), low (-)" or Likert like scale (1-5; 1 = No evidence, 2 = Needs improvement, 3 = Adequate, 4 = Strong, 5 = Outstanding).

Mission statement:

_____

____**Outcomes (wages, hours worked, benefits, integration, level of disability served)** Criterion:

Data:

_____

Strengths:

Areas Needing Improvement:

Recommendations:

_____Retain objective and criterion ____Obj. met _____Change to:

_____ Board Approval_____

_____**Vision (inclusion, participation, empowerment, enhanced status, work, other)**

Criterion:

Data:

_____

Strengths:

Areas Needing Improvement:

Recommendations:

___ Retain objective and criterion ___Obj. met ___ Change to:

_____ Board Approval ___

_____**Consumer Satisfaction (choice, empowerment, self-determination)**

Criterion:

Data:

_____

Strengths:

(cont. on next page)

Areas Needing Improvement:

Recommendations:

____Retain objective and criterion __ Obj. met___Change to:

_____ Board Approval___

_____**Collaboration (planning, funding, implementation, problem solving, evaluation)**

Criterion:

Data:

_____

Strengths:

Areas Needing Improvement:

Recommendations:

____Retain objective and criterion ___Obj. met ___ Change to:

_____ Board Approval__

_____**Organizational Development/Staff Development (pace of change, management style, staff training, differentiated staffing, effective and efficient administration)**

Criterion:

Data:

_____

Strengths:

Areas Needing Improvement:

Recommendations:

____Retain objective and criterion ___Obj. met ___ Change to:

_____ Board Approval__

_____**Self Evaluation (outcomes, visions, consumer satisfaction, collaboration, organizational development/staff development).**

Criterion:

Data:

_____

Strengths:

Areas Needing Improvement:

Recommendations:

____Retain objective and criterion ___Obj. met ___ Change to:

_____ Board Approval____

_____

Using the Six Principles

The six principles can be used by completing the form in Table 5 in somewhat of a sequential order. (Agencies may prefer to revise the form so that only one area is evaluated on each page.) Usually, the evaluator will start by completing section one on "outcomes" and then revisiting the outcome section after reviewing and revising the vision, checking for consistency across sections and practices that mirror visions. Agencies should evaluate quality both in terms of the overall organization and for the individual. **The Six Guiding Principles** can be used for individual planning to assure quality at the individual level. If agencies opt not to use these principles with individuals, then agencies need to consider other ways to track individual situations which are not keeping pace with the overall positive results obtained for specific time periods. The highest quality will be obtained when agencies work on strengthening both overall and individual results.

An example of a completed form that is ready for board approval is presented in Table 6.

TABLE 6

Six Guiding Principles: An Example

Agency: NARF Affiliate Date___June 11, 1990__

Evaluator: C. Mason

Directions: Rate your agency on a scale of your choosing (we suggest either a "high (+), medium (0), low (-)" or Likert like scale (1-5; 1 = No evidence, 2 = Needs improvement, 3 = Adequate, 4 = Strong, 5 = Outstanding).

Mission statement:

To assist persons with severe disabilities in securing and maintaining integrated community employment.

_3___**Outcomes (wages, hours worked, benefits, integration, level of disability served)** *Criterion:* To place 35 persons in Supported Employment by June 1990.
Data: 33 placed (6/90)

Strengths: Types of jobs: industrial, fast food, janitorial, office, vet clinic, pet store. Also: 30/33 currently have benefits; 18 are working 30 hrs/wk, 15 are working 20 hrs or less; 20 diagnosed as mentally ill, 5 severely MR, 8 moderately MR.

(cont. on next page)

Areas Needing Improvement: Need to locate additional placements- 2 short of goal. Need to strengthen retention; 8 left jobs during 1989.
Recommendations:
X Retain objective and criterion ___Obj. met _____Change to:
To place 35 by 9/30/90; to maintain 85% of placements. *Board Approval*_____

__3___**Vision (inclusion, participation, empowerment, enhanced status, work, other)**
Criterion: To collect information on social integration measurement by 9/90
Data: Identified 4 possible instruments, reviewed with board and staff.

Strengths: Agreements reached on 10 critical components.

Areas Needing Improvement: Need to identify system and begin pilot measurement.
Recommendations:
___ *Retain objective and criterion ___Obj. met X___ Change to:*
To select measurement system and begin use by 9/30/90 *Board Approval* ___

__3_____**Consumer Satisfaction (choice, empowerment, self-determination)**
Criterion: To identify possible measures by 6/90
Data: Identified 3 possible instruments
Strengths: Have identified instruments for different target populations

Areas Needing Improvement: Need to implement pilot
Recommendations:
____*Retain objective and criterion __ Obj. met X Change to:*
To select instrument and begin pilot use with 3 supported employees by 9/30/90 *Board Approval*___

___2___**Collaboration (planning, funding, implementation, problem solving, evaluation)**
Criterion: To identify 3 possible collaborators and alternative plans for collaboration by 6/90
Data: 3 collaborators identified: MR, MH, residential providers

Strengths: Initial interest expressed by all three groups

Areas Needing Improvement: Need to tighten up plans
Recommendations:
__*X Retain objective and criterion ___Obj. met ___ Change to:*
To identify 3 possible collaborators and alternative plans
for collaboration by 9/30/90 *Board Approval*__

___3___**Organizational Development/Staff Development (pace of change, management style, staff training, differentiated staffing, effective and efficient administration)**
Criterion: To conduct 3 staff training activities and identify 2 resources by 6/90
Data: Three activities held: job matching, working with TBI, data collection

Resources identified-- examined 5 resources for training activities
Strengths: Preparing for TBI population; basics covered for new staff.

(cont. on next page)

Areas Needing Improvement: Need a systematic plan to assure training in all areas.
Recommendations: Need to evaluate impact of training and plans for resource use
____*Retain objective and criterion* ___*Obj. met X Change to:*
Develop plan for training for 1990-91, incl. resource materials and measure impact of training for 1990. *Board Approval*__

___3___**Self Evaluation (outcomes, visions, consumer satisfaction, collaboration, organizational development/staff development).**
Criterion: To develop resources and alternatives for expansion into SE
Data: Have examined several resources, conducted training, moving in the right direction

Strengths: Have identified feasible paths and costing for each.

Areas Needing Improvement: Evaluation of impact of training, collaborative agreements.
Recommendations: Need to move onto implementation
____*Retain objective and criterion* ___*Obj. met X*___ *Change to:*
To implement pilot studies with evaluation measures and new procedures
*Board Approval*__

According to the example presented in Table 6, the agency viewed its current supported employment involvement as adequate in all areas except for collaboration. Good progress was generally achieved on the measurable objectives (note the specification of specific outcomes and the inclusion of target dates in the objectives). The agency's plan was designed for quarterly review due to the rapid changes occurring and the need for systematic monitoring. The next step for the agency across many of the six areas is "pilot implementation."

When using the six principles for individual planning, the areas of vision, outcomes, and consumer satisfaction are most important. However, for some supported employees it will be necessary to develop collaborative efforts and to engage in additional organizational development/staff training to meet individual needs. Therefore, the areas of collaboration and organization development may sometimes need to be addressed from an individual as well as an organizational perspective.

While this system has its flaws, the basis for the system is the need to define, promote, implement, and measure the continual evolution of quality. The management by objectives approach is a natural resource for this type of monitoring. Additionally, the specification of goals related to outcomes, consumer satisfaction, collaboration, and organizational development/staff development should provide yardsticks for advancing both supported employment and organizational capacity.

Summary

Quality assurance is complex and over the years many complex systems have been developed to measure quality. However, starting with a vision that is well-defined and that can be stated in realistic, concrete terms has resulted in quality outcomes in many business domains and appears to have potential for the non-profit arena as well.

O'Brien (1990) has described the driving force that vision exerts on practices:

> Vision energizes by creating tension with current reality; it communicates how the people involved want things to be different. Statements of vision feel right and vital to the people concerned, even if they may seem strange, impractical, or even foolish to others. Vision can be chosen, but cannot be coerced. People do not finish with a vision; rather, as they work toward it, their appreciation of its meaning deepens, and the words and symbols that communicate it grow richer and clearer.(p. 20).

Combining vision with information on exemplary practices and an effective self-evaluation system should result in quality assurance for supported employment. NARF has stated consistently over the past few years that "all rehabilitation practices can improve and should improve." The format NARF has presented is one vehicle for obtaining such improvement. We look forward to the improvements to come.

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